				ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	<u> </u>
DO NOT WRITE ON THIS STUB		ENDED		Registration District NoPrimary Registration District NoSTATE FILE NUMBER	
			- =	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before
VS 300 Rev. 4/59	GEO	$\{\ \}\ \}$	1_	a. COUNTY Newton admission in Strate Missouri Newton admission in Strate Missouri Newton	
	AMENDED			OR OR OR	No □
10735	E A		-	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 323 W MCKinney St Yes X No 323 M M M M M M M M M M M M M M M M M M	on Farm
20735	DATE		[_	INSTITUTION 323 W. McKinney St. Yes X No 323 W. McKinney St. Yes	No X
3 2			-	(Type or print)	Year
4 0			1-		962 DER 24 HI
5 ,				Male White Widowed Divorced 5-6-1889 73	Min.
6	ွှာ ြ			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY
7	<u>§</u>	111	R	during most of working life, even if retired) Retired Electrician Electric Company Chautauqua Co. Kan. U.S.A. 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE	
7 <u> </u>	집	111		William B. Brown Florence Roberts Martha Brown	
<u> </u>	AS			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give year or dates of service NO NONE Miss Della Brown Neosho Miss	
<u> 2332 X</u>	ARE			I 18. CAUSE OF DEATH (Enter only one cause per line	BETWEEN
10	-1 1			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONSET AND WHAT 2 M	Crith
11			₹	1 4	
				# . # # . # . # . # . # . # . # . # . #	
1290-0	STE			Conditions, If any, which gave rise to above cause (a).	• •
$\frac{1290-0}{136-0}$	THIS INSTI		Š		
136-0	ON THIS INSTI			which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	male wast 90 day
136-0	ON THIS INSTI			which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	st 90 day] Unknow
136-0	ON THIS INSTI		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fer there a pregnancy in last in the pregnancy in last	st 90 day] Unknow
136-0	ON THIS INSTI		CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was fer there a pregnancy in last last last last last last last last	st 90 day] Unknow
13 6 -0 Z	THIS INSTI			which gave rise to above cause (a), starting the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item I PART III of item I PART II of item I PART III of item I PART II of item I	st 90 day] Unknow 18.)
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K INK RIBBON	AMENDMENTS ON THIS SHOULD READ INST		MEDICAL CERTIFICATION	which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT WHILE AT WORK NOT WHILE AT WORK Death occupied at 2:00 A.M. mon the date stated above, and to the best of my knowledge, from the causes state stated above, and to the best of my knowledge, from the causes stated above, and to the best of my knowledge, from the causes stated above, (City, town, or county) 23a. BURIAL CREMATION, 23b. DATE Competers Neosho. 23c. NAME OF CEMETERY OR CREMATORY PART III. If decessed was fer there a pregnancy in last fill of item 1 performed in property in PART I or PART II of item 1 performed in property in PART II of item 1 performed in property in PART II of item 1 performed in property in PART II of item 1 performed in property in PART III. If decessed was fer there a pregnancy in last sew him alive on property in PART III. If decessed was fer there a pregnancy in last sew him alive on property in PART III. If decessed was fer there a pregnancy in last sew him alive on property in PART III. If decessed was fer there a pregnancy in last sew him alive on property in PART III. If decessed was fer there a pregnancy in last sew him alive on property in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. If decessed was fer there a pregnancy in last sew and in PART III. III. If decessed was fer there a pregnancy in last sew and in PART III. III. III	STATE STATE STATE
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STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Signed Jimmie C. Jahr
Student	Signed Commu C. Value
Signature of Student Embalmer	
,	Licensed Embalmer No. 5140
	P. O. Address Peasho, W/o.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.